

## 2002 Ryan White Title II - Administrative Agency Function APPLICATION CHECKLIST

**Legal Name of Applicant:** \_\_\_\_\_

Instructions: This Checklist must be completed and submitted with this application. It is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted.

### APPLICATION CONTENT

		Included	N/A
A.	Application for Financial Assistance is completed, and proper signature and date included	_____	
B.	Application Checklist	_____	
C.	Contact Person Information	_____	
D.	Work Plan and Performance Measures	_____	
E.	Financial Information		
1.	Categorical Budget & Justification		_____
2.	Equipment List & Justification for Request		
	for Equipment Purchases Form	_____	
3.	Indirect Cost Budget Category Detail Form	_____	
F.	Other Required Forms and Documentation		
1.	HIV Contractor Assurances*	_____	
2.	Texas Department of Health Assurance and Certifications*	_____	
3.	Nonprofit Board of Directors and Executive Director Assurances Form*	_____	
4.	Statement of Understanding & Agreement	_____	
5.	Grant/Contract Applicants Client Services HUB Subcontracting Plan	_____	
6.	Certification Regarding Lobbying*	_____	

\*Note: These forms need only be submitted if not already submitted during 2001.

### SUBMISSION OF APPLICATION:

\_\_\_\_ ORIGINAL AND ONE COPY OF APPLICATION TO AUSTIN TDH ADDRESS

\_\_\_\_ SEND ONE COPY OF APPLICATION TO REGIONAL HIV SERVICES CONSULTANT